

# TITLE X GRANTEES FAMILY PLANNING ANNUAL REPORT



Forms and Instructions

U.S. Department of Health and Human Services  
Public Health Service  
Office of Population Affairs  
Office of Family Planning  
**Update 2001**



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### PAPERWORK REDUCTION ACT STATEMENT

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. Public reporting burden for this collection of information is estimated to vary from 16 to 25 hours with an average of 22 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/DIOR, Room 503H HHH Bldg., 200 Independence Ave. SW, Washington, DC 20201.

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# **ANNUAL REPORT FOR OPA TITLE X FAMILY PLANNING PROGRAM GRANTEES**

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## **LEGISLATIVE REFERENCE AND INTENT**

The Office of Population Affairs (OPA) is responsible for the administration of programs funded by Title X of the Public Health Service Act, Population Research and Voluntary Family Planning Services Programs. To improve management of these programs and to ensure compliance with the legislative intent, OPA has updated its annual reporting requirements. The information will be used to comply with accountability and Federal performance requirements for Title X family planning funds as required by the Government Performance Results Act (GPRA) of 1993.

The data collected through these annual reports will be used to accomplish the following objectives:

- Ensure compliance with legislative mandates, such as giving priority in the provision of services to low income persons and ensuring that a broad range of family planning methods and services are provided
  - Report on program performance and accomplishments (GPRA Plan)
  - Conduct program evaluation, including comparisons among programs, states, and regions
  - Provide a database for objective grant reviews
  - Identify areas where grantees may need technical assistance
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## GENERAL INSTRUCTIONS

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The **Title X Family Planning Annual Report – Forms and Instructions** was first issued in 1995. It replaced the annual reporting requirements specified in the Bureau Common Reporting Requirements (BCRR) of the Bureau of Primary Health Care. The 2001 version of the Family Planning Annual Report (FPAR) includes minor modifications in the forms and several edits (including numbering of lines and clarifying of instructions). FPAR continues to include a brief organizational profile and seven tables to report data on users, service use, and revenue for the reporting year. The report contents are listed below:

- Grantee Profile
- Table 1: Family Planning Program Demographic Profile
- Table 1A: Users by Hispanic/Latino Origin
- Table 2: Income Status
- Table 3: Contraceptive Methods for Female Users
- Table 4: Selected Services Delivered
- Table 5: Midlevel Practitioner and Physician Staffing Profile
- Table 6: Revenue Report

## SCOPE OF ACTIVITIES INCLUDED IN REPORTS

Grantees funded under Section 1001 (family planning services) should report on the scope of services or activities proposed in their approved application and supported with OPA Title X grant funds or grant-related funds. If you have questions about whether or not to report or to include certain data in this report, contact the appropriate Regional Program Consultant (RPC).

## DEFINITIONS OF ENCOUNTERS

Encounter definitions are needed both to determine who is counted as a user and to report the total number of medical encounters provided by physicians and midlevel personnel.

- ***Family Planning Encounter.*** An encounter between a user and a medical provider or other health provider, the primary purpose of which is to provide family planning services, i.e., clinical or educational services related to contraception, infertility, or sterilization. All family planning encounters are either medical encounters or other health encounters that involve family planning services. *Only face-to-face contacts documented in a medical or health record can be counted as encounters.*
- ***Family Planning Encounter with a Medical Provider.*** An encounter between a medical provider and a user in which the user is provided (in association with the proposed or adopted method of contraception or treatment of infertility) one or more of the following medical services relating to family planning:
  - Pap smear
  - Pelvic examination
  - Rectal examination
  - Testicular examination
  - Hemoglobin or hematocrit
  - Blood pressure reading
  - Sexually transmitted disease (STD) testing
  - Sterilization
  - Infertility treatment

- ***Family Planning Encounter with an Other Health Provider.*** An encounter between an other health provider (i.e. non-medical health educator) and a user in which family planning education or counseling services are provided. The counseling should include a thorough discussion of the following:
  - Reproductive anatomy and physiology
  - Infertility, as appropriate
  - STD's
  - The variety of family planning methods available, including abstinence and natural family planning
  - The uses, health risks, and benefits associated with each family planning method
  - Detailed instruction regarding the adopted method
  - The need to return for evaluation on a regularly scheduled basis and as potential problems are recognized

Education or counseling, which may occur in a group setting or on an individual basis, must be documented in the individual patient records.

Laboratory tests, in and of themselves, do not constitute encounters of any type. If laboratory testing, e.g., pregnancy test, urinalysis, blood test, or STD test, is performed and there is no other face-to-face contact between a provider and a user, then an encounter is not counted. However, if these tests are accompanied by family planning counseling or education, an individual will have had *an other health provider encounter* by virtue of such counseling. Because this other health provider encounter involved family planning counseling, the encounter is considered a *family planning other health provider encounter*.

Pap smears and associated pelvic examinations in and of themselves, constitute a medical encounter, but not a *family planning medical encounter*. However, if a Pap smear and pelvic examination are accompanied by other medical services involving family planning (related to contraception, infertility, or sterilization) an individual is considered to have had a *family planning medical encounter*.

## DEFINITION OF USERS

***Family Planning User.*** An individual who received **one or more family planning encounters** during the reporting period, i.e., encounters with a medical and/or other health provider in which family planning services were provided. An individual may be counted as a family planning user **only once** during a reporting period. Grantees should follow the instructions for specific report tables to determine applicable users and activities.

## WHO SUBMITS REPORTS

Reports should be submitted by the Title X grantee to the appropriate Regional Office. The *grantee* is the direct recipient of a Title X grant. Delegate agencies should follow instructions provided to them by the direct grantee for providing relevant data for inclusion in the overall grant report that is submitted by the grantee. Organizations that simply receive subcontracted funds from a Title X grantee should not submit reports to the Regional Office.

## REPORTING PERIOD AND REPORT DUE DATE

Reports should be submitted annually on a calendar, year-to-date basis (January 1 through December 31). Grantees that become operational later in the calendar year should submit reports based on the portion of the year that their program(s) were operational. Reports should be forwarded to the Regional Office within 45 days of the end of the reporting period, or no later than February 15. For instances where interim reporting is required, dates for submitting FPAR tables will be determined by the Regional Program Consultant.

## WHERE TO SUBMIT REPORTS

Submit **three (3)** copies of each applicable report to the Regional Program Consultant for Family Planning in the appropriate Regional Office (listed below).

DHHS/PHS/Region I  
John F. Kennedy Federal Building  
Room 2126  
Boston, MA 02203

DHHS/PHS/Region VI  
Office of Family Planning  
1301 Young Street, Ste.766  
Dallas, TX 75202

DHHS/PHS/Region II  
26 Federal Plaza  
New York, NY 10278

DHHS/PHS/Region VII  
601 East 12<sup>th</sup> Street, Room 210  
Kansas City, MO 64106

DHHS/PHS/ Region III  
Office of Family Planning  
Suite 426, Public Ledger Bldg.  
150 S. Independence Mall West  
Philadelphia, PA 191046-3499

DHHS/PHS/Region VIII  
1961 Stout Street, Room 498  
Denver, CO 80294-3538

DHHS/PHS/Region IV  
Atlanta Federal Center  
61 Forsyth Street, Room 5B95  
Atlanta, GA 30303-8909

DHHS/PHS/Region IX  
Federal Office Building  
50 United Nations Plaza, Room 327  
San Francisco, CA 94102

DHHS/PHS/Region V  
105 West Adam Street, 17<sup>th</sup> Floor  
Chicago, IL 60603-6201

DHHS/PHS/Region X  
2201 Sixth Avenue, Rx-29  
Seattle, WA 98121

## SUBMITTING REVISED REPORTS

Submit **three (3)** copies of each report table that has been revised. Indicate that the table is a revised submission by checking the appropriate box at the top of the table. Include a completed Grantee Profile as a cover sheet with each set of revised tables. Revisions received after **April 1** will not be included in the Annual Report on Family Planning Services.

## FPAR DATA CONSISTENCY

The FPAR has built-in consistency checks. For all variables, EXCEPT gender, you may report variable unknown. Here are some additional steps to assist in preparing and submitting a more complete and accurate report.

1. It is very important that you review your completed report to be sure that the data are consistent. For example: the total number of females reported on Table 1 should be the same as that reported on Table 1A and Table 3.
2. Attach an explanation for inconsistencies not resolved. Also, explain all numbers entered outside cells, e.g., in margins.
3. Please DO NOT leave any cells blank. If the report for a variable is zero, enter the number "0."
4. For Table 3, report the **single, primary method of contraception** for each female family planning user at time of her last visit during the calendar year. If, at the time of the last visit, a user is using more than one method of contraceptive, select the most effective as the primary. When the method is unknown, report data on "Method Unknown" line. The number reported on the last line of the table, Total Female Users, should be the same as that reported on Tables 1 and 1A.
5. For table 6, report the requested Federal source of the funds on Lines 1-6, if known. For example: if you have a contract with the State to provide family planning services and you know that the source of the funds is the Social Services Block Grant (Title XX), report revenue as such on New Line 4.

**NOTE: Please review report prior to submission and check for accuracy. Unexplained inconsistencies will not be accepted and will be returned for correction.**

## INSTRUCTIONS FOR COMPLETING TITLE X FAMILY PLANNING SERVICES GRANTEE PROFILE

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This profile must be completed and included with the report. In addition, it must be submitted with revisions. Mark the appropriate box at the top of the form to indicate whether the submission is an original submission or a revision (see Exhibit 1).

1. ***Grantee Legal Name and Address of Grantee Administrative Offices:*** Provide the name of the legal recipient of the OPA Title X Family Planning Services grant and the address of associated administrative offices.
2. ***FPAR Number:*** Write the **four-digit** number assigned to the grantee by the Regional Office. The BCRR numbering system is no longer in use. Do **not** use your DHHS grant number.
3. ***Reporting Period:*** Specify the time period covered by the project.
4. ***CEO/Executive Director or Project Director:*** List the name of the Chief Executive Officer (CEO), Executive Director, or Project Director of the grantee organization.
5. ***Name of Grantee Contact Person:*** Supply the name of the grantee staff person who has primary responsibility for preparing the report (do not include contractors or contracted employees here).
6. ***Address, Telephone Numbers, and Fax Numbers of Contact Person:*** Provide the business address and the business telephone and fax numbers, including area code, for the person listed as the Grantee Contact Person.
7. ***Number of Clinics Supported by Title X Family Planning Services Grant:*** Title X grantees report the total number of clinic sites or service delivery locations supported by the Title X grant. If you have questions about whether or not to include a clinic, contact the appropriate RPC.



**Exhibit 1**

**TITLE X FAMILY PLANNING SERVICES  
GRANTEE PROFILE**

Date of Submission: \_\_\_\_\_

Check One: ☐ Initial Submission  
☐ Revision

Grantee Legal Name: \_\_\_\_\_

FPAR Number: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Address of Grantee  
Administrative Offices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CEO/Executive Director  
or Project Director: \_\_\_\_\_

Name of Grantee Contact Person  
(Person Completing Report): \_\_\_\_\_

Address, Telephone Numbers,  
and Fax Numbers of Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Clinics, Sites or Locations  
Supported by Title X Family Planning  
Services Grant: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING TABLE 1: FAMILY PLANNING PROGRAM DEMOGRAPHIC PROFILE AND TABLE 1A: USERS BY HISPANIC/LATINO ORIGIN

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Tables provide total user numbers by major demographic characteristics: Age, gender, and race or ethnicity. Tables include all individuals receiving at least one face-to-face family planning encounter during the reporting period. See the General Instructions for guidance on determining applicable encounters.

Report total users separated into appropriate categories for age, gender, and race or ethnicity.

1. **Age Group:** Use the individual's age as of June 30 within the relevant reporting period. These tables reflect greater detail about the childbearing age groups and less detail about other age groups.
2. **Race and Ethnicity:** Aggregate categories used in these tables have been changed to conform to the Office of Management and Budget (OMB) Statistical Directive 15 reporting requirements and are used by compilers of such major national data sets such as the National Survey of Family Growth. If grantees track this information using more detailed subcategories for clinical and/or local planning purposes, relevant subcategories should be added together for this report table. Reported data should reflect racial and ethnic categories as identified by the user, not by the provider.

Table 1A provides data on total family planning users by age, gender and Hispanic/Latin origin. For each age group and gender, indicate the number of users during the reporting period who identified themselves as Hispanic or Non-Hispanic. Totals for users with unreported or otherwise unknown Hispanic/Latino origin are also included. Hispanic/Latino and Non-Hispanic/Non-Latino categories include individuals of all races. OMB defines "Hispanic" as a person of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.

Total figures reported on Table 1 should be the same as the total figures reported on Table 1A (see Exhibits 2 and 3).

## Exhibit 2

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission ☐ Revision

**TABLE 1**

### FAMILY PLANNING PROGRAM DEMOGRAPHIC PROFILE

NUMBER OF USERS									
Age Group	Gender	RACE							
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Unknown or Not Reported	TOTAL	
Under 15	Male								1
	Female								2
Ages 15-17	Male								3
	Female								4
Ages 18-19	Male								5
	Female								6
Ages 20-24	Male								7
	Female								8
Ages 25-29	Male								9
	Female								10
Ages 30-44	Male								11
	Female								12
Ages 45 and over	Male								13
	Female								14
Total	Male								15
	Female								16

### Exhibit 3

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission ☐ Revision

**TABLE 1A**  
**USERS BY HISPANIC/LATINO ORIGIN**

NUMBER OF USERS						
Age Group	Gender	HISPANIC / LATINO ORIGIN				
		Hispanic/Latino (all races)	Non-Hispanic/ Non-Latino (all races)	Unknown/ Not Reported	Total	
Under 15	Male					1
	Female					2
Ages 15-17	Male					3
	Female					4
Ages 18-19	Male					5
	Female					6
Ages 20-24	Male					7
	Female					8
Ages 25-29	Male					9
	Female					10
Ages 30-44	Male					11
	Female					12
Ages 45 and over	Male					13
	Female					14
Total	Male					15
	Female					16

## INSTRUCTIONS FOR COMPLETING TABLE 2: INCOME STATUS

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This table includes as users all individuals who receive at least one face-to-face family planning encounter during the reporting period (see Exhibit 4). See General Instructions for guidance on determining applicable encounters.

1. ***Income as a Percent of the Poverty Level:*** Income information for users may change during the year. Grantees are required to update income information as often as needed. Report the most current information available.
2. ***Number of Users:*** Individuals should be counted only once. The categories should add together to equal the total number of users reported in Table 1.

### Exhibit 4

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission    ☐ Revision

**TABLE 2**  
**INCOME STATUS**

INCOME AS PERCENT OF POVERTY LEVEL		NUMBER OF USERS
1	100% and below	
2	101% - 150%	
3	151% - 200%	
4	More than 200%	
5	Unknown	
6	<b>TOTAL USERS</b>	

**CONSISTENCY CHECK:** Total Users line should equal to Total of Male and Female reported on Tables 1 and 1A.

## INSTRUCTIONS FOR COMPLETING TABLE 3: CONTRACEPTIVE METHODS FOR FEMALE USERS

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This table provides information on the contraceptive method adopted or continued by female users at the end of their last visit during the reporting period. For reporting purposes, the grantee need not have provided the method, which may have been dispensed/performed during an earlier reporting period (see Exhibit 5).

1. ***Method of Contraception:*** Report the primary contraceptive method adopted or continued at the end of the user's last visit during the reporting period.
  - Sterilization (tubal ligation, vasectomy): Procedure performed on either a female user or her male partner in the current or any previous reporting period
  - Oral contraceptives (the Pill): Combination and progestin-only minipills
  - IUD (Copper-T 380, Progesterone T, Levonorgestrel)
  - Hormone Implant: (Norplant)
  - Injection: Depo-Provera (DMPA)
  - Cervical cap
  - Diaphragm with or without jelly or cream
  - Condom with or without spermicide (male or female, rubber, vaginal pouch)
  - Spermicidal foam, jelly or cream; or contraceptive film, used with jelly cream or foam. Include here only if used without ***another*** method of contraception.
  - Natural methods (natural family planning): Safe period by temperature or cervical mucus test. This does not include rhythm or safe period by calendar.
  - Other methods (withdrawal, pulling out, rhythm, safe period by calendar, sponge, suppository, insert, douching, abstinence, etc.)
  - Method unknown: There is documentation that female user adopted or continued method but records are not clear as to specific method(s) used.
2. ***No Method:*** User was not using any methods to avoid pregnancy.
  - Pregnant
  - No method used for other reasons - this would include a situation where either partner is sterile without having had an operation or users seeking to achieve pregnancy.
3. ***Total Female Users:*** Females who have had at least one family planning encounter during the reporting period. See General Instructions for definition of encounter. This number should be the same as that reported on Tables 1 and 1A.

## Exhibit 5

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission ☐ Revision

**TABLE 3**  
**CONTRACEPTIVE METHODS FOR FEMALE USERS**

METHOD OF CONTRACEPTION		FEMALE USERS
1	Sterilization (user or partner)	
2	Oral contraceptives	
3	IUD	
4	Hormone implant	
5	Injection	
6	Cervical cap	
7	Diaphragm (with or without jelly or cream)	
8	Condom (with or without spermicide)	
9	Spermicidal foam, jelly, or cream; or contraceptive film (used without another method of contraception)	
10	Natural Methods	
11	Other Methods	
12	Method Unknown	
13	<b>No method</b>	
14	Pregnant	
15	No method used for other reasons	
16	<b>TOTAL FEMALE USERS</b>	

**CONSISTENCY CHECK:** Total Female Users should equal Total Female on Table 1 and 1A.



## INSTRUCTIONS FOR COMPLETING TABLE 4: SELECTED SERVICES DELIVERED DURING FAMILY PLANNING VISITS

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This table provides information on selected services that are important indicators for family planning providers. Users included all individuals who receive at least one of the named tests from the grantee during the reporting period. Test totals include the total number of the named tests performed by the grantee during a family planning visit in a family planning clinic within the reporting period (see Exhibit 6).

1. ***Selected Service Types:*** Report the number of documented Pap smears, breast exams, and STD tests. STD tests include test for herpes simplex virus (HSV), hepatitis B virus (HBV), syphilis, gonorrhea, chlamydia, or trichomoniasis, but do not include tests for human immunodeficiency virus (HIV). Report tests for HIV separately.
2. ***Number of Tests:*** Include tests only if they are funded under the family planning services grant. For example, tests performed in an STD clinic run by the Title X grantee, but funded through other sources other than the family planning grant, should not be included in this report. Tests provided on an anonymous basis should be included in this report if they are funded under the family planning services grant.

## Exhibit 6

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission ☐ Revision

**TABLE 4**

### SELECTED SERVICES DELIVERED DURING FAMILY PLANNING VISITS

SELECTED SERVICE TYPES		NUMBERS OF TESTS	
		FEMALE	MALE
1	Pap smear		
2	Breast exam		
3	STD tests (excluding HIV)		
4	HIV tests		

## INSTRUCTIONS FOR COMPLETING TABLE 5: MIDLEVEL PRACTITIONER AND PHYSICIAN STAFFING PROFILE

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This table provides a profile of medical care physicians and midlevel practitioners supported by Title X Family Planning Service grants (see Exhibit 7).

1. ***Primary Medical Care Services Personnel:*** Include staff time involved in the provision of family planning encounters with a medical provider. Include the staff listed below EXCEPT when such personnel perform administrative duties.
  - ***Physicians:*** Include primary care/generalist physicians and specialists.
  - ***Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives:*** Include only staff who provide medical care services. Do not include nurses or social workers who perform family planning counseling and education.
2. ***Total FTE's:*** Report full-time equivalents (FTE's) for all program staff in each medical care services category.
3. ***Total Family Planning Medical Encounters:*** An encounter involves face-to-face contact between a user and a provider of medical services who exercises independent judgment. To be counted as an encounter, the contact must be recorded in the patient's medical record. Include both on- and off-site contacts. See the General Instructions for the definition of a family planning encounter with a medical provider.

## Exhibit 7

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission   ☐ Revision

**TABLE 5**

### MIDLEVEL PRACTITIONER AND PHYSICIAN STAFFING PROFILE

PRIMARY MEDICAL CARE SERVICES PERSONNEL		TOTAL FTE'S	TOTAL FAMILY PLANNING MEDICAL ENCOUNTERS
1	Physicians		
2	Physicians Assistants/Nurse Practitioners/Certified Nurse Midwives		

## INSTRUCTIONS FOR COMPLETING TABLE 6: REVENUE REPORT

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This table collects information on funds that support services within the scope of the grantee's Title X Family Planning Services grant and that are received during the reporting period (see Exhibit 8).

**FEDERAL GRANTS.** Report grant funds based on the source of funds, if known.

**PAYMENTS FOR SERVICES.** Reimbursement should be reported according to the primary source. For example, if the grantee has a contract with a private HMO to provide services to enrolled Medicaid patients, reimbursements for services to these patients should be reported under Medicaid.

- **MEDICAID.** Include revenue from state-only Medicaid programs, e.g., special state-only covered services and services to state-only general assistance recipients.
- **OTHER THIRD-PARTY PAYERS.** This refers to sources of reimbursement not listed, e/g., Champus. This category also includes state insurance programs other than Medicaid.

**OTHER SOURCES.** Report other state and local government funds and funds not reported above. State and/or local government funds include Federal and other funds awarded by the state or local authority.

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<b>--Lines 1-5</b>	Enter the amount received during the reporting period from each Federal grant program listed. Report by specific Federal program, if known, even though the Title X grantee organization/agency did not receive the funding directly, e.g., any MCH Title V funds transferred to the Title X program. Count grants awarded/received during the reporting period, even if the funds are not expended during the reporting period.
<b>--Line 6</b>	Specify the amount and source of any other Federal grant revenue received during the reporting period that supports services within the scope of the Title X Family Planning Services project.
<b>--Line 7:</b>	Enter the total of lines 1 through 6.
<b>--Line 8:</b>	Enter the amount collected directly from patients.
<b>--Lines 9-12:</b>	For each source listed, enter the amount of funds received during the reporting period for services rendered within the scope of the project. Only revenue from prepayment managed care arrangements, e.g., capitated Medicare, Medicaid, and private managed care contracts, should be reported as "Prepaid." Revenues received after the service is rendered, even under managed care arrangements, should not be reported as prepaid.

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- Line 13:** Enter the total of lines 9 through 12.
- Lines 14-15:** Enter the amounts received from state and local governments during the reporting period that support services within the scope of the Title X Family Planning Services project. Report funds from Federal grants awarded to state and local governments except as provided above.
- Line 16:** Enter the amount and source of funds received during the reporting period from other sources, other than those listed on the Table above, that support services within the scope of the Title X Family Planning Services project.
- Line 17:** Enter the subtotal of lines 14 through 16.
- Line 18:** Enter the total of lines 7, 8, 13 (a + b) and 17.

## Exhibit 8

FPAR Reporting No. \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reporting Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr) through December 31, \_\_\_\_ (yr).

☐ Initial Submission ☐ Revision

**TABLE 6**  
**REVENUE REPORT**

SOURCE		AMOUNT	
<b>Federal Grants</b>			
1	Title X (Family Planning)		
2	Title V (MCH Block Grant)		
3	Bureau of Primary Health Care		
4	Social Services Block Grant		
5	Special Supplemental Food Program for Women, Infants and Children (WIC)		
6	Other Federal Grants (Specify)		
7	<b>SUBTOTAL FEDERAL GRANTS</b> (Lines 1-6)		
<b>Payment for Services</b>			
8	Patient Collections		
	<b>Third-Party Payers</b>	Prepaid (a)	Not Prepaid (b)
9	Medicaid (Title XIX)		
10	Medicare (Title XVIII)		
11	Private Insurance		
12	Other Third Parties		
13	<b>SUBTOTAL THIRD-PARTY PAYERS</b> (Lines 9-12)		
<b>Other Sources</b>			
14	State Government		
15	Local Government		
16	Other (Specify)		
17	<b>SUBTOTAL OTHER SOURCES</b> (Lines 14-16)		
18	<b>TOTAL REVENUE</b> [Lines 7 + 8 + 13(a + b) + 17]		

## ABBREVIATIONS AND ACRONYMS

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BCCR	Bureau Common Reporting Requirements
CEO	Chief Executive Officer
CHIP	Children's Health Insurance Program
DHHS	Department of Health and Human Services
DMPA	Depo-Provera
FPAR	Family Planning Annual Report
FTE	Full-time Equivalent
GPRA	Government Performance Results Act
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HSV	Herpes Simplex Virus
MCH	Maternal and Child Health
OMB	Office of Management and Budget
OPA	Office of Population Affairs
PHS	Public Health Service
RPC	Regional Program Consultant (for Family Planning)
STD	Sexually Transmitted Disease
WIC	Supplemental Food Program for Women, Infants, and Children